

**RETURN FORMS TO THE OLDE TOWNE YOUTH CENTER OR ACTIVITY CENTER**

# JUNE WATER PARK AT BOHRER PARK

**Wednesdays**

**June 19 & June 26, 2019**

**2:30-5:15 pm**

**Olde Towne Youth Center\***

**301 Teachers Way**

**Gaithersburg, MD 20877**

*\*Participants must meet at the Youth Center to attend.  
Space is limited to the first 30 registered members who  
arrive on Wednesdays.*

**FREE! GYC & Student Union,  
Grades 6-12**

YC-OldeTowne@gaithersburgmd.gov

301-258-6350 (office)

301-258-6440 (Youth Center)

301-948-8364 (fax)

Bring a bathing suit, towel and change of clothes if you want to swim. Boardwalk Fries is available for purchase. Members are responsible for personal spending money. They should not lend or borrow money from fellow members. Staff is not responsible for items that are stolen, lost, or damaged.



## Olde Towne Youth Center Summer Water Park Trips - June 2019

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

| Participant's Name | M/F | Birthdate | Activity   | Location | Grade | School |
|--------------------|-----|-----------|------------|----------|-------|--------|
|                    |     |           | Water Park | OTYC     |       |        |
|                    |     |           | Water Park | OTYC     |       |        |

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐  
Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

**Office Use Only: 8504**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_